

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							Serial NO. <div style="font-size: 1.2em; font-weight: bold;">10/030042</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		1		1			63						
14				1			64						
15				1			65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.			14	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			15				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS